

<i>SERFF Tracking Number:</i>	<i>ANTD-125785103</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unicare Life & Health Ins. Co.</i>	<i>State Tracking Number:</i>	<i>40142</i>
<i>Company Tracking Number:</i>	<i>08-0005</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>2008 COB</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Unicare Life & Health Ins. Co.

Product Name: 2008 COB

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001A Any Size Group - PPO

Filing Type: Form

SERFF Tr Num: ANTD-125785103 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40142

Co Tr Num: 08-0005

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: Kimberly M. Rogers

Disposition Date: 09/09/2008

Date Submitted: 09/03/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 05/07/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 09/09/2008

State Status Changed: 09/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

To affect compliance with the recent modifications to the NAIC COB Model Bill pertaining to order of benefit determination rules and the definition of allowable expense.

Company and Contact

Filing Contact Information

Nancy E. Kline, Sr. Compliance Specialist

Nancy.Kline@wellpoint.com

SERFF Tracking Number: ANTD-125785103 State: Arkansas
Filing Company: Unicare Life & Health Ins. Co. State Tracking Number: 40142
Company Tracking Number: 08-0005
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: 2008 COB
Project Name/Number: /

233 S. Wacker Dr., Suite 3900 (312) 234-7813 [Phone]
Chicago, IL 60606 (312) 234-7502[FAX]

Filing Company Information

Unicare Life & Health Ins. Co. CoCode: 80314 State of Domicile: Indiana
233 S. Wacker Dr., Suite 3900 Group Code: Company Type: Life & Health
Chicago, IL 60606 Group Name: Insurance
(312) 234-7893 ext. [Phone] FEIN Number: 52-0913817 State ID Number:

SERFF Tracking Number:	ANTD-125785103	State:	Arkansas
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$175.00
Retaliatory?	Yes
Fee Explanation:	\$35 x 5 = \$175.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unicare Life & Health Ins. Co.	\$0.00	09/03/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/09/2008	09/09/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
FILING FEES	Note To Reviewer	Kimberly M. Rogers	09/03/2008	09/03/2008

SERFF Tracking Number: *ANTD-125785103*

State: *Arkansas*

Filing Company: *Unicare Life & Health Ins. Co.*

State Tracking Number: *40142*

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Disposition

Disposition Date: 09/09/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ANT-D-125785103

State: Arkansas

Filing Company: Unicare Life & Health Ins. Co.

State Tracking Number: 40142

Company Tracking Number: 08-0005

TOI: H16G Group Health - Major Medical

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	GCR 140202	Approved-Closed	Yes
Form	GCR 140203	Approved-Closed	Yes
Form	GCR 140204	Approved-Closed	Yes
Form	GCR 140205	Approved-Closed	Yes
Form	GCR 140206	Approved-Closed	Yes

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Note To Reviewer

Created By:

Kimberly M. Rogers on 09/03/2008 09:45 AM

Subject:

FILING FEES

Comments:

The required filing fees for this submission have been sent via United States Postal Service on September 3, 3008. The check number is 61021567, in the amount of \$175.

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Product Name: 2008 COB

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GCR 140202	Certificate	GCR 140202	Initial			GCR 140202.pdf
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
Approved-Closed	GCR 140203	Certificate	GCR 140203	Initial			GCR 140203.pdf
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
Approved-Closed	GCR 140204	Certificate	GCR 140204	Initial			GCR 140204.pdf
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
Approved-Closed	GCR 140205	Certificate	GCR 140205	Initial			GCR 140205.pdf
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
Approved-Closed	GCR 140206	Certificate	GCR 140206	Initial			GCR 140206.pdf
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

COORDINATION OF BENEFITS PROVISION

This provision applies to persons covered by the group policy and one or more other medical or dental plans [excluding any coverage for prescription drugs.]. In this case, the plans together may limit their total benefits as explained in Section III - "Effect of This Provision on The Benefits of This Plan".

Section I - Definitions

When used in this provision, these words and phrases have the meanings explained here:

Plan: means any of these that provide benefits or services for, or because of, medical or dental care or treatment [excluding any coverage for prescription drugs.]:

1. Group insurance or group-type coverage, whether insured or uninsured. This includes prepayment, group practice or individual practice coverage. It does not include school-accident type coverage.
2. Coverage under a governmental plan, or coverage required or provided by law. This would include any legally required, no-fault motor vehicle liability insurance. This does not include a state plan under Medicaid or any plan when, by law, its benefits are in excess of those of any private insurance program or other non-governmental program.

Each contract or other arrangement for coverage as defined above will be considered a separate plan. If an arrangement has two parts and the rules of this provision apply only to one of the two parts, each of the two parts is a separate plan.

This Plan: means the part of the group policy that provides the benefits for medical or dental care expenses [excluding any coverage for prescription drugs.].

Primary Plan: means that this plan will determine its benefits before those of the other plan and without considering the other plan's benefits.

Secondary Plan: means that this plan will determine its benefits after those of the other plan. The benefits of this plan may be reduced because of the other plan's benefits.

When there are more than two plans covering a person, this plan may be a primary plan as to one or more other plans, and it may be a secondary plan as to a different plan or plans.

Allowable expense means a health care expense, including deductibles, coinsurance and copayments, that is covered at least in part by any Plan covering the person. When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered an Allowable expense and a benefit paid. An expense that is not covered by any Plan covering the person is not an Allowable expense. In addition, any expense that a provider by law or in accordance with a contractual agreement is prohibited from charging a covered person is not an Allowable expense. The following are examples of expenses that are not Allowable expenses:

1. The difference between the cost of a semi-private hospital room and a private hospital room is not an Allowable expense, unless one of the Plans provides coverage for private hospital room expenses.
2. If a person is covered by 2 or more Plans that compute their benefit payments on the basis of usual and customary fees or relative value schedule reimbursement methodology or other similar reimbursement methodology, any amount in excess of the highest reimbursement amount for a specific benefit is not an Allowable expense.
3. If a person is covered by 2 or more Plans that provide benefits or services on the basis of negotiated fees, an amount in excess of the highest of the negotiated fees is not an Allowable expense.
4. If a person is covered by one Plan that calculates its benefits or services on the basis of usual and customary fees or relative value schedule reimbursement methodology or other similar reimbursement methodology and another Plan that provides its benefits or services on the basis of negotiated fees, the Primary plan's payment arrangement shall be the Allowable expense for all Plans. However, if the provider has contracted with the Secondary plan to provide the benefit or service for a specific negotiated fee or payment amount that is different than the Primary plan's payment arrangement and if the provider's contract permits, the negotiated fee or payment shall be the Allowable expense used by the Secondary plan to determine its benefits.

5. The amount of any benefit reduction by the Primary plan because a covered person has failed to comply with the Plan provisions is not an Allowable expense. Examples of these types of plan provisions include second surgical opinions, precertification of admissions, and preferred provider arrangements.
6. If a plan is advised by a covered person that all plans covering the person are high-deductible health plans and the person intends to contribute to a health savings account established in accordance with [Section 223 of the Internal Revenue Code of 1986](#), the primary high-deductible health plan's deductible is not an allowable expense, except for any health care expense incurred that may not be subject to the deductible as described in [Section 223\(c\)\(2\)\(C\) of the Internal Revenue Code of 1986](#).

[Claim Period: means a calendar year. However, it does not include any part of a year: (a) during which a person has no coverage under this plan; or (b) before the date this provision or a similar provision becomes effective.]

Section II - Benefit Determination

The sequence in which plans will cover allowable expenses is determined by the plans. Plans with no coordination provision are always first. As to plans that have coordination provisions, this plan will determine the order of benefits using the first of the following rules that apply:

1. The benefits of the plan that cover the person as other than a dependent are determined before those of the plan that cover the person as a dependent. However, if the person is a Medicare beneficiary and, as a result of federal law, Medicare is secondary to the Plan covering the person as a dependent; and primary to the Plan covering the person as other than a dependent (e.g. a retired employee); then the order of benefits between the two Plans is reversed so that the Plan covering the person as an employee, member, policyholder, subscriber or retiree is the Secondary plan and the other Plan is the Primary plan.
2. Except as provided in (3) below, coverage of the Plan Member's dependent child is determined as explained here:
 - a. the benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year; but

- b. if both parents have the same birthday, the benefits of the plan which covered the parent longer are determined before those of the plan that covered the other parent for a shorter period of time.

If the rules set forth in (2) above are not a part of each parent's plan, the plan of the parent that does not include these rules will decide the order of coverage.

- 3. Coverage of the Plan Member's dependent who is the child of divorced or separated parents shall be determined as follows:
 - a. coverage through either parent decreed by a court as financially responsible for the allowable expenses is ahead of other dependent coverage;
 - b. then, or if there is no court decree, coverage through the parent with custody of the child is ahead of other dependent coverage;
 - c. then, if the parent with custody of the child is remarried, coverage through the step-parent is ahead of other dependent coverage;
 - d. then, or if there is no remarriage, coverage through the parent without custody of the child is ahead of other dependent coverage.
- 4. The benefits of a plan which covers a person as an employee who is neither laid off nor retired is the Primary plan. The Plan covering that same person as a retired or laid-off employee is the Secondary plan. The same would hold true if a person is a dependent of an active employee and that same person is a dependent of a retired or laid-off employee. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored.
- 5. The benefits of the plan that cover the person for a longer period of time are determined before those of the plan that covered that person for a shorter period of time.

Section III - Effect Of This Provision On The Benefits Of This Plan

This section will apply when this plan is a secondary plan to one or more other plans.

Reduction In This Plan's Benefits

The benefits of this plan will be reduced when the sum of:

- 1. the benefits that would be payable for the allowable expenses under this plan in the absence of this provision; and

2. the benefits that would be payable for the allowable expenses under the other plans, in the absence of provisions with a purpose like this provision, whether or not claim is made; exceeds those allowable expenses [in a claim period]. In that case, the benefits of this plan will be reduced so that they and the benefits payable under the other plans do not total more than those allowable expenses.

When the benefits of this plan are reduced as described in this section, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of this plan.

Section IV - Right To Receive And Release Needed Information

Certain facts are needed to apply the rules of this provision. The Insurer has the right to decide which facts it needs. It may get the needed facts from or give them to any other organization or person. The Insurer need not tell, or get the consent of, any person to do this. Each person claiming benefits under this plan must give the Insurer any facts it needs to pay the claim.

Section V - Facility Of Payment

A payment made under another plan may include an amount which should have been paid under this plan. If it does, the Insurer may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit payable under this plan. The Insurer will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services; in which case, "payment made" means the reasonable cash value of the benefits provided in the form of services.

Section VI - Right Of Recovery

If the amount of payments made by the Insurer is more than it should have paid under this provision, it may recover the excess from one or more of the following:

1. the persons it has paid or for whom it has paid;
2. insurance companies; or
3. other organizations.

The "amount of payments made" includes the reasonable cash value of any benefits provided in the form of services.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	09/09/2008
Comments:				
Attachment:				
AR-Readability.pdf				

Bypassed -Name:	Application	Review Status:	Approved-Closed	09/09/2008
Bypass Reason:	Not Applicable			
Comments:				

Satisfied -Name:	Cover Letter	Review Status:	Approved-Closed	09/09/2008
Comments:				
Attachment:				
AR flng ltr.pdf				



CERTIFICATION OF COMPLIANCE WITH READABILITY STANDARDS

Unicare Life & Health Insurance Company hereby certifies that this filing complies with Arkansas Code Annotated §23-80-206. The Flesch reading ease test scores derived by analysis of the entire text of the following forms are:

Form Number

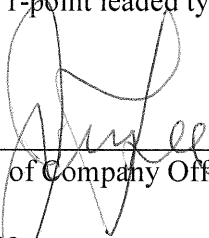
Flesch Score

GCR 140202	49.3 when integrated to certificate drawn from existing library
GCR 140203	
GCR 140204	
GCR 140205	
GCR 140206	

Exclusions from scoring are limited to:

- the name, number or title of the policy or certificate forms;
- the table of contents;
- captions, subcaptions and form numbers;
- specification pages;
- schedules and tables; and
- any specific language required by state statute.

These forms are printed, except for specification pages, schedules and tables, in not less than 10-point, 1-point leaded typeface.



Signature of Company Officer:

Jimmy Lee
Vice-President and General Manager

Date: August 26, 2008



Nancy E. Kline, FLMI, HIA, ALHC
Sr. Compliance Specialist
Group Contract Administration
Phone: 312-234-7813
Fax: 312-234-7502

August 19, 2008

Honorable Julie Benafield Bowman
Insurance Commissioner
Arkansas Insurance Department
Compliance and Health Section
1200 W. Third Street
Little Rock, AR. 72201-1904

Re: UNICARE Life & Health Insurance Company
NAIC# 435-80314 FEIN# 52-0913817
Filing ID#08-0005

<u>New Submission</u>	<u>Group Health</u>
GCR 140202	Certificate Insert Page
GCR 140203	Certificate Insert Page
GCR 140204	Certificate Insert Page
GCR 140205	Certificate Insert Page
GCR 140206	Certificate Insert Page

<u>Previously Approved</u>	<u>Approval Date</u>
GPI 1000-1 Policy of Inclusion	May 28, 1996
GCR 100-PI Certificate Exhibit	May 28, 1996

Dear Commissioner Benafield-Bowman:

Enclosed for filing on a general use basis are the above captioned forms. The forms are new and not intended to replace any currently on file with your Department.

The purpose of the forms is to affect compliance with the recent modifications to the NAIC COB Model Bill pertaining to order of benefit determination rules and the definition of allowable expense.

The forms appear in final print format. There is no rate impact associated with the use of this verbiage. Approval was received from our domiciliary state of Indiana effective May 7, 2008.

We respectfully request your favorable consideration and approval of this filing. Should you have any questions or require any additional information pertaining to this submission, please feel free to contact me.

Very truly yours,

Nancy E. Kline